PRIMARY HEALTH NETWORK

Vertical Integration session MBS item numbers

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WE ACKNOWLEDGE THE TRADITIONAL OWNERS & CUSTODIANS OF THE LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.

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8. Skin Services
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MEDICARE AND BILLING

Practice billing policies will vary between practices as some practices may ‘bulk bill’ some or all of their patients, while others may ‘directly’ or ‘privately’.

Bulk billing

Bulk billing is when a doctor bills Medicare directly for the services provided to the patient, so they have no out-of-pocket expenses.

Private billing

Operating as a private business, GPs are free to determine reasonable fees that are reflective of the services they provide.

SERVICES THAT DO NOT ATTRACT MEDICARE BENEFITS

- issue of repeat prescriptions when the patient does not attend a consult;
- non-therapeutic cosmetic procedures
- are for a compensable injury or illness for which the patient's insurer or compensation agency has accepted liability.
- medical examination for the purposes of life insurance, superannuation
- mass immunisation (with exception to the Covid-19 vaccination)
- the issue of a death certificate

MEDICARE SAFETY NET

The Medicare Safety Net is designed to provide additional financial relief for people with high medical costs by reducing their out-of-pocket costs.

When an individual or family receives many services in a year, the Medicare Safety Net reduces their out-of-pocket costs for services received out-of-hospital.

The Medicare Safety Net covers a range of doctor visits and tests that you receive out-of-hospital. Some examples of services that count towards the Safety Net are:

- GP and specialist consultations
- Ultrasounds
- Cervical screening
- Blood tests
- CT Scans
- X-rays

2022 MEDICARE SAFETY NET THRESHOLDS

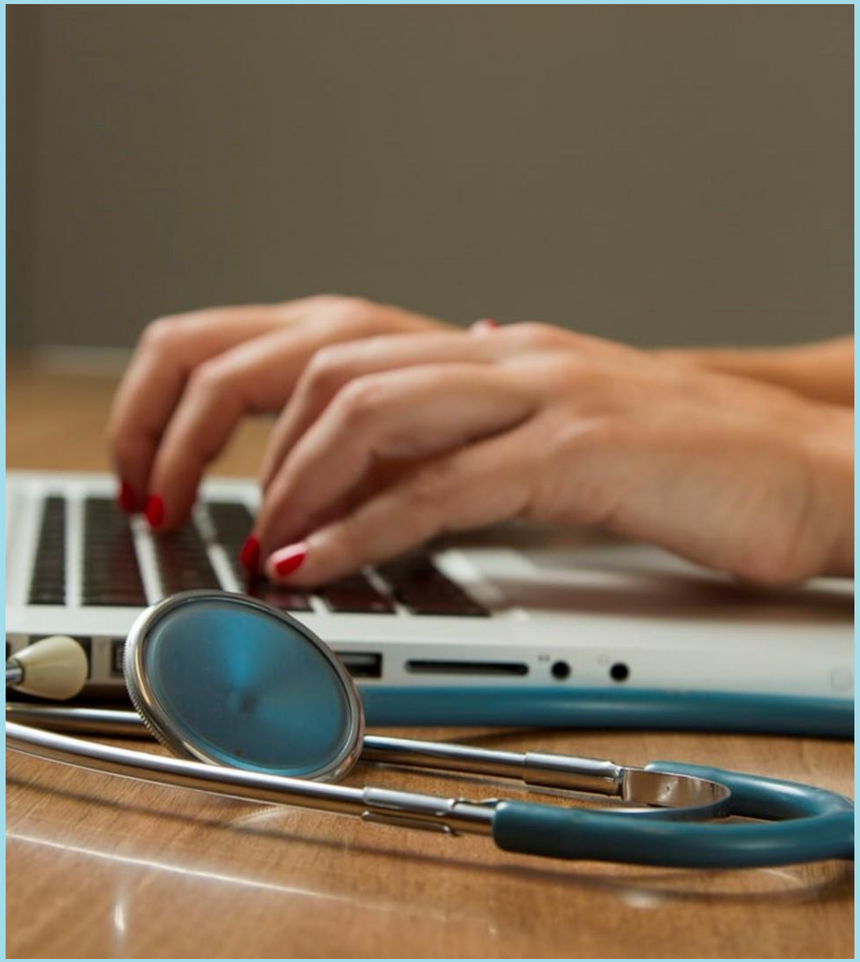
Thresholds	Threshold amount	Who it's for	What counts towards the threshold	What benefit you'll get back
Original Medicare Safety Net (OMSN)	**$495.60**	Everyone in Medicare	Your gap amount for the calendar year.	100% of the schedule fee for out of hospital services.
Extended Medicare Safety Net (EMSN) - General	**$2249.80**	Everyone in Medicare	Your out of pocket amount for the calendar year.	80% of out of pocket costs or the EMSN benefit caps for out of hospital services.
Extended Medicare Safety Net (EMSN) - Concessional and Family Tax Benefit Part A	**$717.90**	Concession cardholders and families eligible for Family Tax Benefit Part A	Your out of pocket amount for the calendar year.	80% of out of pocket costs or the EMSN benefits caps for out of hospital services.

RECORDING CLINICAL NOTES

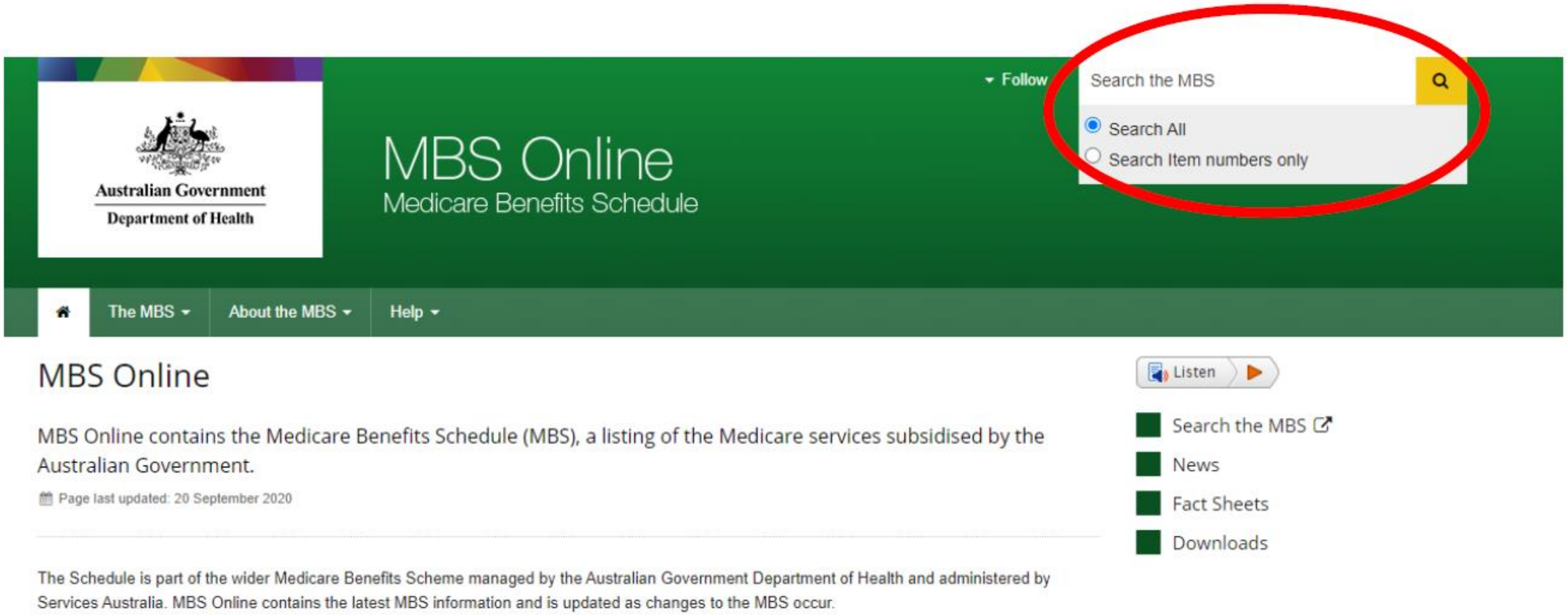
All practitioners who provide or initiate a service for which a Medicare benefit is payable should ensure they maintain **adequate** and **contemporaneous** records.

To be **adequate**, the records need to provide clinical information adequate to explain the type of service rendered or initiated; and needs to be sufficiently comprehensible that another practitioner can effectively undertake the patient's ongoing care.

To be ***contemporaneous***, the patient or clinical record should be completed at the time that the service was rendered or initiated or as soon as practicable afterwards.



MBS ONLINE


Australian Government
Department of Health
MBS Online
Medicare Benefits Schedule
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MBS Online
MBS Online contains the Medicare Benefits Schedule (MBS), a listing of the Medicare services subsidised by the Australian Government.
Page last updated: 20 September 2020
The Schedule is part of the wider Medicare Benefits Scheme managed by the Australian Government Department of Health and administered by Services Australia. MBS Online contains the latest MBS information and is updated as changes to the MBS occur.
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MBS ONLINE

Category 1 - PROFESSIONAL ATTENDANCES

23

Group	A1 - General Practitioner Attendances To Which No Other Item Applies
Subheading	2 - Level B

Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:

(a) taking a patient history;

(b) performing a clinical examination;

(c) arranging any necessary investigation;

(d) implementing a management plan;

(e) providing appropriate preventive health care;

for one or more health-related issues, with appropriate documentation-each attendance

Fee: [illegible] **Benefit:** 100% = $38.20

(See para AN.0.9 of explanatory notes to this Category)

Extended Medicare Safety Net Cap: $114.60

Previous - Item 4

Next - Item 24

MBS ONLINE

Category 1 - PROFESSIONAL ATTENDANCES

AN.0.9

Attendances by General Practitioners (Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2095, 2144, 2180, 2193, 2497-2559, 5000-5067 and 90020-90051)

Attendances by General Practitioners (Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2497-2559, 5000-5067 and 90020-90051)

Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2095, 2144, 2180, 2193, 2497-2559, 5000-5067 and 90020-90051 relate to attendances rendered by medical practitioners who are:

- listed on the Vocational Register of General Practitioners maintained by the Department of Human Services; or
- holders of the Fellowship of the Royal Australian College of General Practitioners (FRACGP) who participate in, and meet the requirements of the RACGP for continuing medical education and quality assurance as defined in the RACGP Quality Assurance and Continuing Medical Education program; or
- holders of the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) who participate in, and meet the requirements of the Australian College of Rural and Remote Medicine (ACRRM) for continuing medical education and quality assurance as defined in ACRRM's Professional Development Program; or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FRACGP or training recognised by the RACGP as being of an equivalent standard; or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FACRRM or training recognised by ACRRM as being of an equivalent standard.

To assist general practitioners in selecting the appropriate item number for Medicare benefit purposes the following notes in respect of the various levels are given.

LEVEL A

A Level A item will be used for obvious and straightforward cases and this should be reflected in the practitioner's records. In this context, the practitioner should undertake the necessary examination of the affected part if required, and note the action taken.

MBS ONLINE

AskMBS Email Advice Service

If you have a query relating exclusively to interpretation of the Schedule, you should email **askMBS@health.gov.au**.

If you are seeking advice in relation to Medicare billing, claiming, payments or obtaining a provider number, please contact Services Australia on the Provider Enquiry Line - 13 21 50

AskMBS issues advisories summarising responses to frequently asked questions on specific subject areas.
AskMBS Email Advice Service

MBS FOR CHRONIC DISEASE MANAGEMENT

Prevention and Health Promotion

Reduce hospital admissions (cost of acute care)

Boost income for the practice

Engage & support patients with self management

Exceptional patient care and experience

Opportunity to offer additional services

CHRONIC DISEASE MANAGEMENT

Description	Item No	Minimum Claiming Period
Preparation of a GP Management Plan (GPMP)	721	12 months
Coordination of Team Care Arrangements (TCAs)	723	12 months
Contribution to a Multidisciplinary Care Plan, or to a Review of a Multidisciplinary Care Plan, for a patient who is not a care recipient in a residential aged care facility	729	3 months
Contribution to a Multidisciplinary Care Plan, or to a Review of a Multidisciplinary Care Plan, for a resident in an aged care facility	731	3 months
Review of a GP Management Plan or Coordination of a Review of Team Care Arrangements	732	3 months

CDM services may be provided more frequently in the exceptional circumstances defined below.

Exceptional circumstances exist for a patient if there has been a significant change in the patient's clinical condition or care requirements that necessitates the performance of the service for the patient.

TEAM CARE ARRANGEMENT – WHAT DOES COLLABORATION MEAN?

GPs are required to collaborate with **two or more** other health or care providers in the development of Team Care Arrangements (TCAs).

Collaboration means communicating with the other providers to discuss potential treatment or services they will provide.

Only **one** specialist or consultant physician can be counted towards the minimum of two contributing team members who, with the coordinating GP, make up the core TCAs team.

Collaboration ‘should relate to the specific needs and circumstances of the patient’ and a 'blanket agreement' to participate in TCAs **would not** be sufficient itself to meet this requirement.

Further information is also available for providers from the Department of Human Services provider inquiry line on 132 150 or on the Department of Health’s website - Questions and Answers on Chronic Disease Management (CDM) items

HEALTH ASSESSMENTS (ITEM 701, 703, 705, 707)

Target Group	Frequency of Service
A type 2 diabetes risk evaluation for people aged 40-49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool	Once every three years to an eligible patient
A health assessment for people aged 45-49 years (inclusive) who are at risk of developing chronic disease	Once only to an eligible patient
A health assessment for people aged 75 years and older	Provided annually to an eligible patient
A comprehensive medical assessment for permanent residents of residential aged care facilities	Provided annually to an eligible patient
A health assessment for people with an intellectual disability	Provided annually to an eligible patient
A health assessment for refugees and other humanitarian entrants	Once only to an eligible patient
A health assessment for former serving members of the Australian Defence Force	Once only to an eligible patient

715 HEALTH ASSESSMENT

This health assessment is available to all people of Aboriginal and Torres Strait Islander descent and should be used for health assessments for the following age categories:

1. Infants and preschool (birth-5 years)
2. Primary school age (5-12 years)
3. Adolescents and young people (12-24 years)
4. Adults (25-49 years)
5. Older people (50+ years)

This is an annual health assessment which can be claimed after 9 months and 1 week (40 weeks)

All eligible patients are entitled to be registered for Closing the Gap (CTG). This is a **once only** registration.

DIABETES CYCLE OF CARE (ITEM 2517, 2521, 2525)

The minimum requirements of care to complete an annual Diabetes Cycle of Care for patients with established diabetes mellitus must be completed over a period of at least 11 months and up to 13 months

- taking a detailed patient history;
- performing a clinical examination;
- arranging any necessary investigation;
- implementing a management plan;
- providing appropriate preventive health care;

Essential requirements: six (6) monthly

- Measure height,
- weight and calculate BMI
- Measure BP Examine feet

DIABETES CYCLE OF CARE CONT.

Essential requirements: yearly

- Measure HbA1c, total cholesterol, triglycerides and HDL cholesterol and eGFR.
- Test for micro albuminuria
- Provide patient education regarding diabetes management including self-care education
- Review diet and levels of physical activity – reinforce information about appropriate dietary choices and levels of physical activity
- Check smoking status – encourage smoking cessation
- Review medication

Essential requirements: two yearly

- Comprehensive eye examination by ophthalmologist or optometrist to detect and prevent complications – requires dilation of pupils

ASTHMA CYCLE OF CARE (ITEM 2546, 2552, 2558)

At a minimum, the Asthma Cycle of Care must include:

- At least 2 asthma related consultations within 12 months for a patient with moderate to severe asthma (at least 1 of which (the review consultation) is a consultation that was planned at a previous consultation),
- Documented diagnosis and assessment of level of asthma control and severity of asthma,
- Review of the patient's use of and access to asthma-related medication and devices
- Written asthma action plan
- Provision of asthma self-management education to the patient,
- Review of the written or documented asthma action plan

DOMICILIARY MEDICATION MANAGEMENT REVIEW (ITEM 900)

A Domiciliary Medication Management Review (DMMR), aims to maximise a patient's medication regimen, and prevent medication-related problems through a team approach, involving the patient's GP and preferred community pharmacy or accredited pharmacist.

1. The benefit is not claimable until all the components of the item have been rendered.

- referral to a community pharmacy or an accredited pharmacist
- Obtaining consent from the patient
- Providing the patient’s preferred pharmacist, with relevant clinical information, including diagnosis, relevant test results, medication history and current medications.

CLAIMING A DOMICILIARY MEDICATION MANAGEMENT REVIEW CONT.

2. Discussion of the review findings and report including suggested medication management strategies with the reviewing pharmacist

- Receiving a written report from the reviewing pharmacist;
- Discussing the relevant findings and suggested management strategies with the pharmacist (either by phone or face to face);
- Developing a summary of the relevant review findings as part of the draft medication management plan

3. Development of a written medication management plan following discussion with patients

- Developing a draft medication management plan and discussing this with the patient; and
- Once agreed, offering a copy of the written medication management plan to the patient and providing a copy to the pharmacy or pharmacist

MBS TELEHEALTH SERVICES

The MBS telehealth items are available to providers of telehealth services for a wide range of consultations.

- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- Bulk billed GP and OMP COVID-19 telehealth services are eligible for incentive payments when provided to Commonwealth concession cardholders and children under 16 years of age.
- All providers are expected to **obtain and document** informed financial consent from patients prior to charging private fees for telehealth services.

http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB

https://www.servicesaustralia.gov.au/changes-to-mbs-items-during-coronavirus-covid-19-response?context=20

MBS TELEHEALTH SERVICES

Who is eligible?

An *established relationship* means the medical practitioner performing the service:

• has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance; or

• is located at a medical practice where the patient has had at least one face-to-face service arranged by that practice in the 12 months preceding the telehealth attendance or

• is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a medical practice that has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance.

• The established relationship requirement is a rolling requirement applying to every telehealth consultation. For each telehealth consultation, the patient must meet one of the eligibility requirements outline above.

MBS TELEHEALTH SERVICES

The *established relationship* requirement does not apply to:

- children under the age of 12 months;
- people who are homeless;
- patients receiving an urgent after-hours (unsociable hours) service; or
- patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
- people who are in a COVID-19 Commonwealth declared hotspot, in COVID-19 isolation because of a State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order.

AND patients accessing specific MBS items for:

- blood borne viruses, sexual or reproductive health consultations (new items); and
- pregnancy counselling services (under MBS Group A40);
- mental health services (under MBS Group A40); and
- nicotine and smoking cessation counselling (new items).

MBS TELEHEALTH SERVICES

Assignment of benefit requirements

You need your patient’s agreement to bulk bill the items, before Medicare can pay the benefit

You can get the patients agreement either:

- **In writing**
- **By email**
- **Verbally during the consult**

You must keep a record of the agreement

Getting verbal consent is a temporary measure that finishes on 30 June 2022.

ADMINISTRATIVE REQUIREMENTS FOR SKIN SERVICES

Determining lesion size for MBS item selection

The necessary excision diameter or defect size includes:

- The lesion size
- A clinically appropriate margin of healthy tissue needed for complete surgical excision

Make sure you take measurements before excision

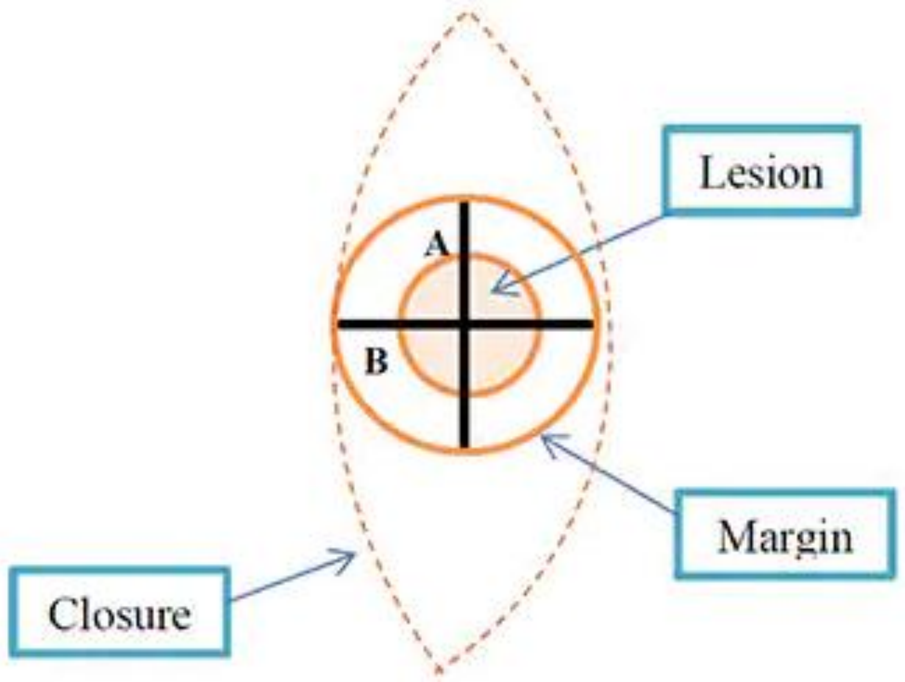
You should determine the margin size in line with these National Health and Medical Research Council guidelines:

- Clinical practice guide: Basal cell carcinoma, squamous cell carcinoma (and related lesions) – a guide to clinical management in Australia November 2008. Cancer Council Australia
- Clinical practice guidelines for the management of melanoma in Australia and New Zealand 2008. Ministry of Health, New Zealand

ADMINISTRATIVE REQUIREMENTS FOR SKIN SERVICES

Determining lesion size for MBS item selection

The image below illustrates the area of the lesion, margin and closure.



$$\text{Defect size} = \frac{\text{excision length (A)} + \text{excision breadth (B)}}{2}$$

BILLING MULTIPLE SERVICES

If you bill for more than 2 procedures on the same occasion, note the exact location of each procedure on the claim or account. For electronic claims, use the appropriate indicator as well as service text.

An episode of care includes both the excision and closure for the same defect.

Read more about **billing multiple MBS items**.

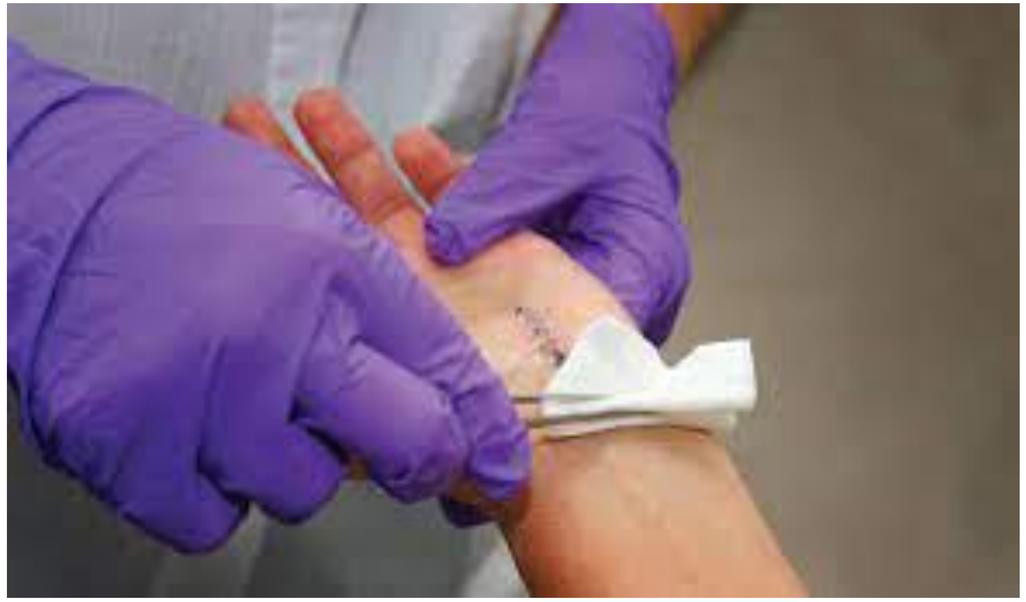
If you bill multiple items, they may be subject to the **multiple operation rule**.

POST-OPERATIVE TREATMENT AFTERCARE

Medicare benefits aren’t payable if the practitioner who performed the procedure provides routine post-operative care.

When the patient can’t return to the treating practitioner for post-operative care, the general practitioner providing the aftercare can bill for it. They should use attendance items.

MBS fees for most surgical items in MBS Group T8 include an aftercare component.



https://www.servicesaustralia.gov.au/education-guide-aftercare-or-post-operative-treatment

BETTER ACCESS INITIATIVE – SUPPORTING MENTAL HEALTH CARE

The purpose of the Better Access initiative is to improve treatment and management of mental illness within the community.

Practitioners should register with Services Australia if they have completed the mental health skills training accredited by the **General Practice Mental Health Standards Collaboration**.

Once registered, they can provide GP focused psychological strategies (FPS) services.

https://www.servicesaustralia.gov.au/better-access-initiative-supporting-mental-health-care

Service	Patients in the Community	Residents of an aged care facility	Frequency
Prepare a GP mental health treatment plan (GPMHTP)	272, 276, 281 – 282, 2700 – 2701 2715, 2717	93400 – 93403 93431 – 93434	Practitioners can use these items once every 12 months Practitioners can't use these items within 3 months of using a review item
Review a mental health treatment plan	277 2712	93421 93451	Practitioners can use these items once every 3 months Practitioners can't use these items within 4 weeks of claiming a GPMHTP item
Manage a patient's mental health condition	279 2713 or a general consultation item		Practitioners can use these items as often as necessary. There are no restrictions
Provide **initial** focused psychological strategies (FPS) services	283 – 287 371 – 372 2721 – 2731	371 – 372 941 – 942 2729 – 2731 2733 – 2735	Practitioners can use these items up to 10 times every 12 months

COURSE OF TREATMENT

The number of services stated in the referral is a ‘course of treatment’.

The maximum number of sessions you can include on a referral for each course of treatment is:

- **6 sessions using the initial MBS items**
- **10 sessions using the additional MBS items**

In a calendar year, your patient can receive psychological therapy and/or Focused Psychological Strategy Services (FPS) up to the combined limit of:

- **20 individual services**
- **10 group services**

A calendar year is from 1 January to 31 December.

The yearly claiming limit is calculated on the date of service, not when the treatment was referred.

https://www.servicesaustralia.gov.au/better-access-initiative-supporting-mental-health-care

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Latest News

The following is the Latest News for MBS Online.

Page last updated: 28 May 2021

November 2021 News

22 September 21

News containing information on changes to the MBS for 1 November 2021

MBS - Combination Billing

	Consultation 3, 23, 36, 44	Mental Health 2700, 2701, 2712, 2715, 2717	GPMP 721	TCA 723	GPMP Review 732	TCA Review 732	Health Assessment 701, 703, 705, 707	ATSI Health Assessment 715	DMMR 900	Diabetes CoC 2517, 2521, 2525	Asthma CoC 2546, 2552, 2558
Consultation 3, 23, 36, 44		✓	✗	✗	✗	✗	✓	✓	✓	✗	✗
Mental Health 2700, 2701,2712, 2715, 2717	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
GPMP 721	✗	✓		✓		✓	✓	✓	✓	✓	✓
TCA 723	✗	✓	✓		✓		✓	✓	✓	✓	✓
GPMP Review 732	✗	✓		✓		✓	✓	✓	✓	✓	✓
TCA Review 732	✗	✓	✓		✓		✓	✓	✓	✓	✓
Health Assessment 701, 703, 705, 707	✓	✓	✓	✓	✓	✓		✗	✓	✓	✓
ATSI Health Assessment 715	✓	✓	✓	✓	✓	✓	✗		✓	✓	✓
DMMR 900	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Diabetes CoC 2517, 2521, 2525	✗	✓	✓	✓	✓	✓	✓	✓	✓		✗
Asthma CoC 2546, 2552, 2558	✗	✓	✓	✓	✓	✓	✓	✓	✓	✗	
Nurse/AHP 10997	✓	✓	✗	✗	✓	✓	✓	✓	✓	✓	✓
Nurse/AHP 10987	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓

Education services for health professionals

https://www.servicesaustralia.gov.au/education-services-for-health-professionals?context=20

https://www.servicesaustralia.gov.au/mbs-education-for-health-professionals?context=20

http://medicareaust.com/MISC/MISCP02/index.html

https://www.dplearning.com.au/cpd-learning/medicare-billing-compliance

Please email any questions to:
havery@thephn.com.au

PRIMARY HEALTH NETWORK

phn HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative